

MINOR INJURY REPORT

SECTION A: EMPLOYEE INFORMATION

EMPLOYEE NAME	DATE OF INJURY	TIME OF INJURY	TIME EMPLOYEE BEGAN WORK
FORM COMPLETED BY		DATE	TIME
LOCATION WHERE INJURY / EVENT OCCURRED		PCA	INDEX

SECTION B: INJURY INFORMATION

SPECIFIC INJURY OR ILLNESS

TREATMENT RECEIVED

☐ Emergency Room ☐ Licensed Health Care Facility ☐ First Aid Only ☐ None

NAME OF PHYSICIAN OR HEALTH CARE FACILITY (if Utilized)

WHAT WAS EMPLOYEE DOING JUST BEFORE INJURY OCCURRED?

HOW DID INJURY OCCUR?

WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE? (i.e. "concrete floor"; "diesel vapors"; "excessive heat")

SECTION C: PPE WORN BY INJURED EMPLOYEE AT TIME OF INJURY

☐ Level D ☐ Level C ☐ Hard Hat ☐ Safety Boots ☐ Nomex ☐ PFD ☐ Work Gloves

☐ Safety Glasses / Goggles ☐ Ear Plugs ☐ Safety Vest ☐ Respirator ☐ CPC ☐ Chem. Boots

☐ Chem. Gloves (Outer/Inner) ☐ Other: _____

SIGNATURE

DATE

TIME